

For Ecology Use	
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Date	

Please follow the attached instructions to avoid unnecessary delays.

Section 1. APPLICANT - P						
Name Richard M. Ozani	d SR.	Hom	e Tel:50	9)943	3-4	9.35
Mailing Address 364 WRIGHA	+ Ave	Symm	Tel:(56	7) 649	7-3	404
City Richland State	Wa Zip+4 99	352+3936	FAX:(
Name Richard M. Ozana Mailing Address 364 WRIGHT City Richland State Sum mer Address > B Section 2. CONTACT - PE	BOX 407 R RSON TO CA	LE ABOUT	9PG4 THE A	/_ (n PPLIC	CATI	thry Otol ION
Name		Hom	e Tel:()	-	
Mailing Address						
CityState						
Relationship to applicant						
Section 3. STATEMENT O	F INTENT					
The applicant requests a permit to use in X cubic feet per second) from a X surfurpose(s) of Domestic flublic of DESCRIPTION OF THE PLACE OF Sufficient.	rface water source Supply & I F USE. See instr OBCA Pro o be used in acre-f	or ground w rigation uctions.) NOTE perty De eet per year:	ater source A tax pare	cel numb	only on the only of the or	ne) for the HA"LEGAL" a plat number is per e fea
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ECY 040-1-14 Rev. 9/95 F **APPLICATION**

Appl. No.: 54-32725

Sect	ion 5. GENERAL WATER SYSTEM INFORMATION
Α.	Name of system, if named: Spring Creek
В.	Briefly describe your proposed water system. (See instructions.) Please } Water Rights Agreement See } Water Main Plat Water Line Easement Description
C.	Do you already have any water rights or claims associated with this property or system? YES NO PROVIDE DOCUMENTATION. See 3 Water Rights Agreement
	ion 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION inpleted for all domestic/public supply uses.)
Α.	Number of "connections" requested: 3 Type of connection Home, Apartment, Recreational, etc.)
В.	Are you within the area of an approved water system? (Homes, Apartment, Recreational, etc.) If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department.
Comp	plete C. and D. only if the proposed water system will have fifteen or more connections.
97	Do you have a current water system plan approved by the Washington State Department of Health? If yes, when was it approved? Please attach the current approved version of your plan.
D.	Do you have an approved conservation plan? If yes, when was it approved? Please attach the current approved version of your plan.
	ion 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION unplete for all irrigation and agriculture uses.)
A.	Total number of acres to be irrigated: $\frac{3}{4}$
B.	List total number of acres for other specified agricultural uses:
	Use Acres Use Acres Use Acres
C.	Total number of acres to be covered by this application:/
D.	Family Farm Act (Initiative Measure Number 59, November 3, 1977) Add up the acreage in which you have a controlling interest, including only: ‡ Acreage irrigated under water rights acquired after December 8, 1977; ‡ Acreage proposed to be irrigated under this application; ‡ Acreage proposed to be irrigated under other pending application(s).
	 Is the combined acreage greater than 2000 acres? Do you have a controlling interest in a Family Farm Development Permit? If yes, enter permit no:
E.	Farm uses: Stockwater - Total # of animals Animal type (If dairy cattle, see below) Dairy - # Milking # Non-milking

Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?

See Water Rights Agreement Gage / NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology. Section 9. DRIVING DIRECTIONS Provide detailed driving instructions to the project site. Enter Cle Elum North Highway 903 Right turn Spring Creek Road 3rd Owelling on left side - Ozanich Section 10. REQUIRED MAP See) water main Essement map A. Section 11. PROPERTY OWNERSHIP YES - NO Does the applicant own the land on which the water will be used? If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s): □ YES NO Does the applicant own the land on which the water source is located? B. If no, submit a copy of agreement: Please see } water rights Agreement I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with 6-23-98 Sanc

XYES - NO

use (if same as applicant, write "same")

Chark # 5959

Use this page to continue your answers to any questions on the application. Please indicate section number before answer.

Fragarty Description

Ecology staff_

14-3450-0076-00 Lot 76, in the plat of Sunshine Estates, as recorded in Volume 3 of Plats, pages 72 and 73, records of Kittitas REAL ESTATE EXCISE TAX County, Washington. EXEMPT We are returning your application for the following reason(s): APPLICANT PLEASE Examination fee was not enclosed RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128 APPLICANT PLEASE Section number(s) is/are incomplete RETURN TO THE APPROPRIATE REGIONAL **OFFICE** Explanation:

Date

To receive this document in alternative format, contact Lisa Newman at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).

Please provide the additional information requested above and return your application by

(date).